

State of Rhode Island



Apprenticeship Council

Department of Labor and Training
Apprenticeship Council
1511 Pontiac Avenue, PO Box 20247
Cranston, Rhode Island 02920-0943

For Office Use Only: RISAC Program # _____
Apprentice # _____

TO BE COMPLETED BY APPRENTICE:

Check Appropriate Space:

_____ VIETNAM ERA VETERAN

_____ OTHER VETERAN

_____ NONVETERAN

SOCIAL SECURITY #

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CHECK ONE:

_____ MALE _____ FEMALE

RACE/ETHNIC GROUP (check one)

_____ Caucasian

_____ Native American

_____ African American

_____ Hispanic

_____ Asian

_____ Other

HIGHEST EDUCATION LEVEL (check one)

_____ 8th GRADE or LESS

_____ 9th GRADE or MORE

_____ 12th GRADE or MORE

RHODE ISLAND STATE APPRENTICESHIP COUNCIL APPRENTICESHIP AGREEMENT

THIS AGREEMENT, entered into this _____, day of _____ between

(NAME OF APPRENTICESHIP SPONSOR)

and _____, born _____
(NAME OF APPRENTICE)

hereinafter referred to as the APPRENTICE, and (if a minor) _____
(NAME OF PARENT OR GUARDIAN)

WITNESSETH THAT THE SPONSOR AND THE APPRENTICE DESIRE to enter into an agreement of apprenticeship and, therefore, in consideration of the premise and the mutual covenants herein contained, do hereby mutually covenant and agree as follows.

THAT THE SPONSOR AGREES to be responsible for the selection, placement and training of the APPRENTICE in the trade or craft _____, a _____ year (or hour) program, as work is available, in conformity with the terms and conditions set forth in the apprenticeship, standards currently in effect and made part hereof:

THAT THE APPRENTICE AGREES to perform diligently and faithfully the work of the trade or craft during the period of apprenticeship, in conformity with the terms and conditions set forth and made a part hereof;

THAT THE APPRENTICESHIP TERM BEGINS on the _____ day of _____, 20____, with _____ hours credit for previous experience and terminates upon the satisfactory completion of _____ hours of employment for said SPONSOR in said trade or craft with projected completion date on the _____ day of _____, 20____, as stipulated in the apprenticeship standards currently in effect;

THIS AGREEMENT IS SUBJECT TO APPROVAL by the RI APPRENTICESHIP COUNCIL;

THAT EITHER PARTY MAY TERMINATE without cause the agreement during the probationary period as provided for herein, by submitting written notification of termination to the registration agency; that after the probationary period, the agreement may be suspended, cancelled, or terminated for good cause with due notice to the APPRENTICE and a reasonable opportunity for corrective action and with written notice to the APPRENTICE and the registration agency of the final action taken;

THAT IF THE REGISTRATION OF THE PROGRAM HAS BEEN CANCELED OR REVOKED, the APPRENTICE shall be notified by the SPONSOR within 15 days of the cancellation or revocation;

THAT THE PARTIES AGREE that the RHODE ISLAND APPRENTICESHIP COUNCIL is the appropriate authority designated under the program to receive, process and make disposition of controversies or differences arising out of the apprenticeship agreement when the controversies or differences cannot be adjusted locally or resolved in accordance with the established trade procedure or applicable collective bargaining provisions;

THAT THE SPONSOR AGREES that the APPRENTICE shall be given equal opportunity in all phases of apprenticeship employment and training without discrimination because of race, color, religion, national origin, or sex in accordance with the State Plan for Equal Employment Opportunity in Apprenticeship, and Title 29 or the Code of Federal Regulations, part 30, as amended.

THAT THE STANDARDS OF THE APPRENTICESHIP PROGRAM, as it exists on the date of the agreement and as it may be amended during the period of the agreement, is incorporated and made part of this agreement; and the APPRENTICE shall be given an opportunity to read the SPONSOR'S approved standards prior to signing that apprenticeship agreement;

SCHEDULES AND STANDARDS

Number of hours of On-The-Job training provided _____
Length of Probationary Period _____
Number of Hours of Related Instruction required per year _____
Related Instruction shall be compensated Yes _____ No _____

The Progressive Wage Scale to be paid: (State in percentages of the Journeyperson's hourly rate)

1st _____ hours _____ %	6th _____ hours _____ %
2nd _____ hours _____ %	7th _____ hours _____ %
3rd _____ hours _____ %	8th _____ hours _____ %
4th _____ hours _____ %	9th _____ hours _____ %
5th _____ hours _____ %	10th _____ hours _____ %

The Journeyperson's hourly rate on _____, was _____
(If the program's wage rate is not established by a collective bargaining agreement, indicate in dollars and cents the average Journeyperson's hourly rate.)

IF THE SPONSOR IS AN ASSOCIATION, state the name of the participating employer: _____

Schedule of ON-THE-JOB-TRAINING work processes to be taught and the approximate time for each process, attached as Appendix I and made a part hereof.

IN WITNESS WHEREOF, the parties hereunto affix their **signatures**.

(APPRENTICE)

(SPONSOR'S AUTHORIZED OFFICIAL)

(ADDRESS)

(ADDRESS)

(TELEPHONE)

(TELEPHONE)

(GUARDIAN)

(APPROVED BY: JOINT APPRENTICESHIP COMMITTEE)

REGISTERED WITH
RHODE ISLAND STATE APPRENTICESHIP COUNCIL

(Date)

(Signature and Title of Authorized Official)